

Macon County Solid Waste Management Department

Citizens Pollution Complaint Form

If you are reporting an Environmental Emergency, please also contact the Illinois Emergency Management Agency at 1-800-782-7860.

You may submit this form anonymously. However, if you provide us with information on how to reach you, the Macon County Solid Waste Management Department can keep you updated on the investigation into the complaint. In addition, we may also need additional information from you in order to conduct an adequate investigation.

Your Contact Information

Name: _____

Street Address: _____

City: _____ County: _____ State: ____ Zip Code: _____

Telephone (with area code) _____

Email Address: _____

Whom do you believe to be responsible for the problem?

Owner/Company Name: _____

Street Address: _____

City: _____

State: _____ Zip Code: _____ Phone Number: _____

Description of the Complaint

Briefly describe the problem. Provide as much detail as possible regarding the description of the event and its location.

Other

If you wish to add anything, or clarify any of the above answers, please do so here.

REQUIRED:

Unless you consent to its release, the Macon County Solid Waste Management Department will regard your identity within the complaint form as exempt from disclosure under the Illinois Freedom of Information Act and regulations. However, your identity may be discovered if there is any lawsuit about the facility or property that is the subject of your complaint.

Do you consent to the Macon County Solid Waste Management Department disclosing your identity as a complaining party? ____ Yes ____ No